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# LIABILITY & HEALTH AGREEMENT

I, \_\_\_\_\_ (FULL NAME), am a participant  
in a customized journey powered by Altruvistas titled \_\_\_\_\_ for (NAME OF COSPONSOR)  
to \_\_\_\_\_ (DESTINATION), from \_\_\_\_\_ (STARTING DATE) to \_\_\_\_\_ (ENDING DATE).

1. I have voluntarily enrolled in this tour. I understand that travel to any new place may involve changes in plans, unexpected delays, and limited access to some services. I understand that I am subject to the laws of the country(ies) we are visiting, including those of migration, and that Altruvistas can not be held accountable for the actions of governments or their representatives. I am aware that the use of transportation, accommodation, and other goods and services or activities in connection with participation in the program carries a risk of personal injury and property damage or loss.
2. I release and discharge Altruvistas, its officers, directors, employees, and legal representatives and the cosponsoring entity from liability or injury, damage or loss arising out of the arrangement or provision of transportation, housing, food, and any other services or goods involved in the tour. I agree not to sue or make a claim against Altruvistas or any co-sponsoring entity and their officers, employees, directors and legal representatives for any liability, damage, or loss incurred during or in connection with the tour. However, I do not release the above mentioned parties from liability for willful or intentional acts.
3. I understand that payment for the trip is NON-REFUNDABLE as of 45 days prior to the scheduled departure unless Altruvistas itself cancels the trip. I understand that after my airline ticket has been issued, it is non-refundable (though may be transferable and this will be in accordance with the carrier's policies and not that of Altruvistas). I agree that Altruvistas retains the right to cancel the trip or to cancel my participation in the trip, under reasonable circumstances, at any time as long as all money I have paid to Altruvistas is refunded to me.
4. I understand that Altruvistas recommends, but does not require individual, travel insurance and has provided me with travel insurance information to make an informed decision. I have read Altruvistas Booking Terms and Conditions.
5. I have read the enclosed Code of Conduct and understand that by participating on a socially responsible Altruvistas journey I agree to act in a respectful manner. I understand that if I break this agreement I will receive 2 warnings, and if the same behavior continues I will be asked to leave the group at my own expense.

## HEALTH DISCLOSURE

Travel to new places can be stressful on your body, and travel to developing countries can be especially taxing. While we take our utmost care in providing safe and clean accommodations it is important that you listen to your body and are traveling with full awareness of any conditions. Health care may not be easily accessible in areas we are visiting, yet we will know what the infrastructure is in all locales. Thus it is important that you check in with your personal physician to assess the state of your health before you travel. Make sure you carry with you medication you may need and that you update your immunizations before leaving. Please answer the following questions keeping in mind that they are designed to give us information we will need if you require healthcare.

1. Do you have health insurance?    Yes    No    Name of health insurance carrier  
Policy Number
  2. Please indicate any aspect of your health that may affect you during this trip (BACK PAIN, DIABETES, ALLERGIES, EPILEPSY, ETC.) Explain what medications are necessary and describe any allergic reactions or other side effects to medication.
  3. Do you have any special dietary needs? If so, specify.
  4. I have answered the above questions to the best of my knowledge and have not withheld any relevant information.
- Signature \_\_\_\_\_ Date \_\_\_\_\_ (PLEASE RETURN THIS FORM BY EMAIL OR MAIL)